

Chapter SPS 162

SUPERVISED PRACTICE

SPS 162.01 Required supervision.
SPS 162.02 Who may supervise.

SPS 162.03 Prohibited practice.

Note: Chapter RL 162 was created as an emergency rule effective 9–10–07. Chapter RL 162 was renumbered chapter SPS 162 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 162.01 Required supervision. (1) Clinical supervisors shall exercise supervisory responsibility over substance abuse counselors-in-training, substance abuse counselors, clinical substance abuse counselors, clinical supervisors-in-training and intermediate clinical supervisors in regard to all activities including, but not limited to, counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility. A clinical supervisor shall provide a minimum of:

- (a) Two hours of clinical supervision for every 40 hours of work performed by a substance abuse counselor-in-training.
- (b) Two hours of clinical supervision for every 40 hours of counseling provided by a substance abuse counselor.
- (c) One hour of clinical supervision for every 40 hours of counseling provided by a clinical substance abuse counselor.
- (d) One in person meeting each calendar month with a substance abuse counselor-in-training, substance abuse counselor or clinical substance abuse counselor. This meeting may fulfill a part of the requirements of pars. (a) to (c).

(2) Clinical supervisors shall exercise supervisory responsibility over clinical supervisors-in-training in regard to all activities. A clinical supervisor shall provide a minimum of one hour of clinical supervision for every 40 hours of work performed by a clinical supervisor-in-training.

(3) The required clinical supervision shall include in person individual or group sessions consisting of no more than 6 supervisees per group. The clinical supervision hourly requirement may be averaged out over a period no longer than one month.

(4) Methods for supervision may include, but are not limited to, auditing of patient files, case review and discussion of active cases, direct observation of treatment, video or audio review and observation of the counselor's professional interaction with patients and staff.

(5) The goals of clinical supervision are to provide the opportunity to develop competency in the transdisciplinary foundations, practice dimensions and core functions, provide a context for professional growth and development and ensure a continuance of quality patient care.

History: CR 07–031: cr. Register November 2007 No. 623, eff. 12–1–07.

SPS 162.02 Who may supervise. (1) Except as provided in subs. (2) and (5), clinical supervision may be provided by

a clinical supervisor-in-training, an intermediate or independent clinical supervisor, a physician knowledgeable in addiction treatment, or a psychologist knowledgeable in psychopharmacology and addiction treatment.

(2) Beginning June 1, 2008, a credential holder acquiring supervised experience as a substance abuse counselor-in-training may not practice under the supervision of an individual holding a certificate as a clinical supervisor-in-training.

(3) The supervisor shall not permit a supervisee to engage in any practice that the supervisee is not competent to perform. The supervisor shall not permit a supervisee to engage in any practice that the supervisor cannot competently supervise.

(4) A supervisor is legally and ethically responsible for the supervised activities of the substance use disorder professional supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the supervisee from practicing in given cases, or recommend to the supervisee's employer that the employer interrupt or stop the supervisee from practicing in given cases, and to terminate the supervised relationship, if necessary.

(5) Until January 1, 2011, a licensed clinical social worker as defined in s. 457.01 (1r), Stats., who worked as a clinical supervisor as defined in s. DHS 75.02 (11) (a), in a ch. DHS 75 clinic prior to December 1, 2007, may act as a clinical supervisor and provide clinical supervision under chs. SPS 160 to 168.

History: CR 07–031: cr. Register November 2007 No. 623, eff. 12–1–07; correction in (5) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 162.03 Prohibited practice. (1) A clinical supervisor may not permit students, employees, or supervisees to perform or hold themselves out as competent to perform professional services beyond their training, level of experience, competence or credential.

(2) Clinical supervisors may not disclose supervisee confidences, except:

- (a) As mandated by law.
- (b) To prevent a clear and immediate danger to a person or persons.
- (c) In educational or training settings where there are multiple supervisors, and then only to other professional colleagues who share responsibility for training of the supervisee.

(3) Beginning June 1, 2008, a clinical supervisor-in-training shall not supervise a credential holder acquiring supervised experience as a substance abuse counselor-in-training.

History: CR 07–031: cr. Register November 2007 No. 623, eff. 12–1–07.